



UV&S
 5106 Murray Road
 Manhattan KS 66503-9715

RECORD TRANSMITTAL

Company:

Dept.

Attn:

Address:

City, ST: _____,

The following records have been shipped via:

Shipment No. _____

Date _____

NEW

RETURN

PLEASE CHECK APPROPRIATE BOX. Separate forms must be used for new and return material.

Record # or Box # (Alternate ID)	Barcode # (Container or File)	Description of Contents or File Name (Also include box # OR container barcode # for files)

Above records received on _____
 Uvs form 14-650 (05/2020)

Received by _____



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Uvs form 14-650 (05/2020) 2



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